

P13000088951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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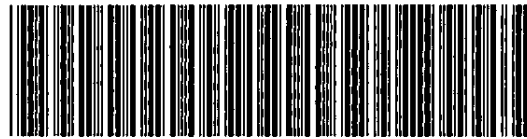
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/13--01011--020 **78.75

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13 OCT 29 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/14

MRS
10/30/13

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Havana Nights Cafe & Bakery Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jacqueline Alonso

Name (Printed or typed)

510 Graham Dairy Road

Address

Venus, FL 33960

City, State & Zip

863-840-2862

Daytime Telephone number

HavanaNightsCafe1@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Havana Nights Cafe & Bakery Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

204 North Main Avenue

Lake Placid, FL 33852

Mailing address, if different is:

510 Graham Dairy Road

Venus, FL 33960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Food, beverage and bakery service establishment.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Alonso, Pres.

Address: 510 Graham Dairy Road
Venus, FL 33960

Name and Title: Kayla Rodriguez, V. Pres.

Address: 504 Graham Dairy Road
Venus, FL 33960

Name and Title: Jacqueline Alonso, Dir.

Address: 510 Graham Dairy Road
Venus, FL 33960

Name and Title: Kayla Rodriguez, Sec.

Address: 504 Graham Dairy Road
Venus, FL 33960

Name and Title: Jacqueline Alonso, Treas

Address: 510 Graham Dairy Road
Venus, FL 33960

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jacqueline Alonso

Address: 510 Graham Dairy Road

Venus, FL 33960

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Alonso

Address: 510 Graham Dairy Road

Venus, FL 33960

ARTICLE VIII EFFECTIVE DATE

The effective date of this Corporation is January 1, 2014.

Having been named as registered agent to accept service of process for the above stated corporation at a place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Jacqueline Alonso
Required Signature/Registered Agent

10/24/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jacqueline Alonso
Required Signature/Incorporator

10/24/13

Date